Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | <u>06/17/2010</u> | Address: | 10086 N SR 57 |
|---|-------------------------------------|---|--|
| Case #: | <u>35-30658</u> | | Elberfeld, In |
| County: | Gibson | | <u>47613</u> |
| Type of Laboratory Seizure (check one) | | Seizure Location (check all that apply) | |
| ✓ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only) | | ☑ Residence☑ Outbuilding☑ Vehicle | ☐ Hotel/Motel ☐ Open – No Structure ☐ Other: |
| Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): | | | |
| ☐ Flammable Solvents: Bedroom/ Kitchen | | | |
| ☐ Water Reactive Metal (Lithium): | | | |
| Anhydrous Ammonia: | | | |
| Hydrochloric Acid Gas Generator(s): | | | |
| Corrosive Acid: <u>Bedroom</u> | | | |
| Corrosive Base: <u>Kitchen</u> | | | |
| Other (item and location): | | | |
| Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services | | Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☑ Other:Stop and knock | |
| This report | is to be faxed to the following age | ncies that serve the lo | cation: |
| Fire Departr | nent: Haubstadt/Johnson | Fax: <u>812-768-6451</u> | |
| Health Department: Gibson County | | Fax: <u>812-38</u> Fax: <u>N/A</u> | <u>86-8027</u> |
| Child Protec | etion Service: <u>N/A</u> | <u> </u> | |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Doug Humphrey</u> Phone <u>812-867-2079</u> | | | |

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.